

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 08 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P11201

(1)

1. Corporation Name
 NOBEL EDUCATION DYNAMICS, INC.



Principal Place of Business
 1400 N. PROVIDENCE ROAD
 SUITE 3055
 MEDIA PA 19063
 US

Mailing Address
 1400 N. PROVIDENCE ROAD
 SUITE 3055
 MEDIA PA 19063
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified

08/21/1986

4. FEI Number
 22-2465204

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	CLEGG, A. J	
STREET ADDRESS	1400 N. PROVIDENCE RD. SUITE 3055	
CITY-ST-ZIP	MEDIA PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEANGELO, YVONNE	
STREET ADDRESS	1400 N. PROVIDENCE RD. SUITE 3055	
CITY-ST-ZIP	MEDIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATZ, JANET	
STREET ADDRESS	1400 N PROVIDENCE RD STE 3055	
CITY-ST-ZIP	MEDIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FROCK, JOHN	
STREET ADDRESS	1400 N. PROVIDENCE RD. SUITE 3055	
CITY-ST-ZIP	MEDIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINSON, JOHN	
STREET ADDRESS	12 W. SHORE DRIVE	
CITY-ST-ZIP	BENNINGTON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONACO, EUGENE	
STREET ADDRESS	1400 PROVIDENCE RD	
CITY-ST-ZIP	MEDIA PA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

[Handwritten Signature]

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yvonne De Angelo* 7/7/98 610-891-8200

CR2E034 (5/98)